Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEDE: PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) director. Page or your files. . COUNTY e. STATE b. COUNTY Cecil MARYLAND Cecil Md. b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest lown) write RURAL and giva nearast town) Rising Sun, R.D. All life d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Rising Sun. R.D. STREET ADDRES e. IS RESIDENCE ON A FARM? 2, and 3 to the furse 5 may be retained and 2 with the State B 2 bours after death YES NO 3. NAME OF Middle Last 4. DATE Month DECEASED (Type or print) DEATH Willard Nelson Barrow 19 60 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH IF UNDER 24 HRS. AGE (In years | IF UNDER 1 YEAR last birthday) Months Hours WIDOWED DIVORCED 73 yrs. 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) thin 24 hours after Give Pages 1, 2, orm PM3. Page 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U-S-Awithin within Ret. Machine Op. Paper Mill Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rachel Davonshire 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes giva war or detes of service) should be executed with in pencil in Item 18. Office along with for a burial-transit permit, movel, and in any expensional controls. Barrow. Rising Sun. R.D.2. Md. Mrs. Estella 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), end (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Coronary Occlusion IMMEDIATE CAUSE (a) DUE TO removal, sase execute the certificate, writing the word "pending" in presented by forwarded to the Chief Medical Examiner's Office.

FUNERAL DIRECTOR: Page 3 should be used as a burial its designated agent, prior to burial, cremation. Arterio Sclerosis Conditions, if eny, which (6) gave rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO I 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enler nature of Injury in Part II or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., atc.) Whila Not Whila Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection | Inquiry and in my opinion Undetermined manner death resulted from: Natural causes Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 9-u-60 R.C.Dodson NAME (Typa) Addrass (Streat, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Spacify) 940 0 Burial Lancaster Pa.

'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE Greenwood Cem. 23. FUNERAL DIRECTOR VS. A15ME arthur & Kraus Rising Sha 5M 7/59

ARYLAND STATE DEPARTMENT OF HEALTH

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

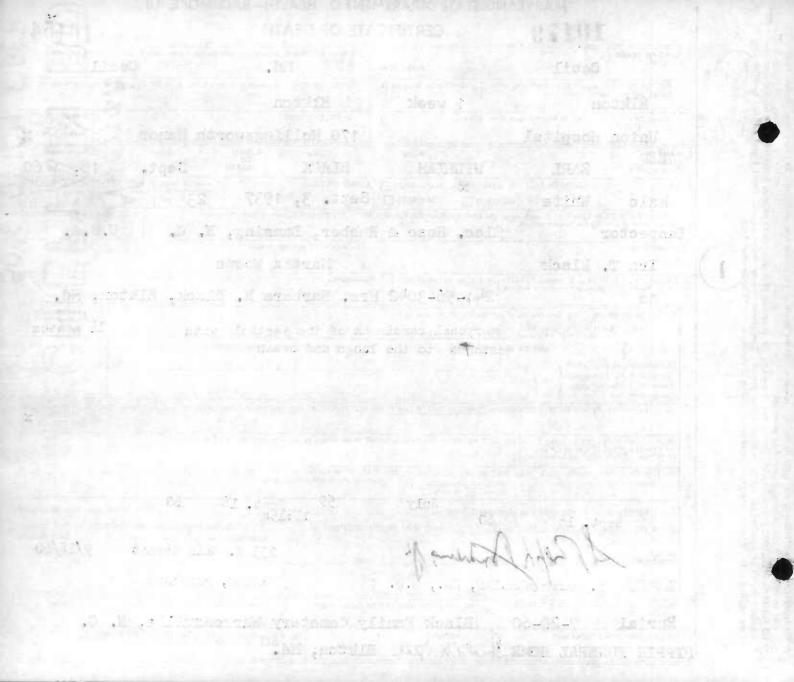
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

Reg. Dist. No.1 ()154

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4)

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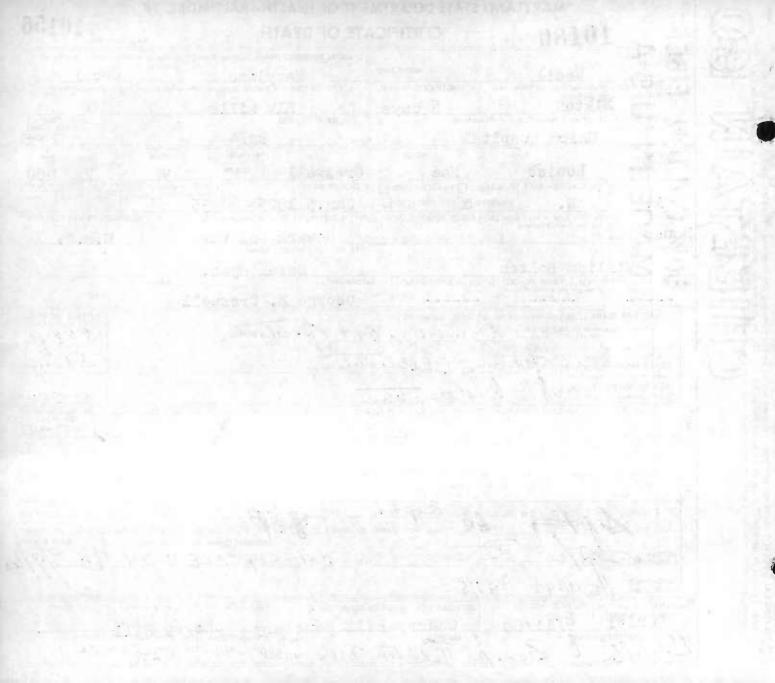
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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be read by the hospital ar attending physician. O FUNERAL MECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director. page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and should be filed with the registrar priar to burial, cremation, ar remayal, and in any event within 72 hams-after death. TO HOSPITAL may be re TO FUNERAL

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before edmission) PLACE OF DEATH a. COUNTY is nec. b. COUNTY ElktonwaryLand Cecil Ceci] Maryland b. CITY OR TOWN (if outside corporata limits. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearast town) Principio Elkton . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? Union Hospital of Cecil County YES NO T 3. NAME OF Middle Last 4. DATE Month Year DECEASED OF (Type or print) DEATH Sept. 19 60 Dil Thomas AGE (In yeers | IF UNDER 1 YEAR 5. SEX IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED lest birthday) Months Hours Male WIDOWED [DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) U.S.A. Newark, Del. Brick Factory Night Watchman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ella Dill William Wrightson Dill 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive weror detes of service) Mrs. Wrightson T. Dill Principio, 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Occute Cornary occulasion Office alor IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) gava rise to immadiate causa DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, ferm, 20f. (City or town) (County) (State) Month, Dey, Yeer factory, streat, offica bldg., etc.) Hour a.m. While Not Whila at work at work Inquiry X 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X and in my opinion forwarded i Undetermined manner death resulted from Natural causes Suicide Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER-EXAMINER'S NAME (Type) R.C. Dodson Address (Streat, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Spacify) Newark Cem Newark, Delaware Burial Q40 9 SUNERAL DIRECTOR VS. A15ME 5M 7/59

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. COUNTY 6. COUNTY Cecil MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest lown) write RURAL and give neerest town) hours Washington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Union Hospit al Ilist. N.W. YES NO NAME OF Middle 4. DATE Month DECEASED OF 1960 (Type or print) DEATH Gertrude Dillard 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH IF UNDER 24 HRS. last birthdey) Months | Days Hours WIDOWED DIVORCED [1Da. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Washington, D.C. U.S.A. Give Pag 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wallter F. Manuel Lillian Pearson permit. File Address Washington. D.C. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes no, or unkown) | (If yes give wer or dates of service) along with transit permit James Dillard, 2523 luth St. N.W. 18. CAUSE OF DEATH [Entar only one cause per line for (e), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Hermorrhagic Pancreatis IMMEDIATE CAUSE (e) Office DUE TO Fttv Liver. Conditions, if env. which (b) gava risa to immadiata cause DUE TO (a), stating the undarlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X O 20e. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter natura of Injury in Part II or Part II of itam 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. WEDICAL 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 2Da. PLACE OF INJURY (Home, farm, Month, Day, Yeer 2Df. (City or town) (County) (State) factory, street, office bldg., atc.) While Not While Hour a.m. at work at work prior should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide [Undetermined manner CHIEF MEDICAL EXAMINER the ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S R.C.Dodson DEPU plnods NAME (Type) Address (Streat, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION. 22b. DATE THEREOF 22d. LOCATION (City, town, or country) (State) REMOVAL (Spacify) 940 24e. REC'D 8Y REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Circling S. Kraus 5M 7/59

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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TO HOSPITAL 3 ATTENDING PHYSICIAN: The law requires that the deoth certific may be retained by the hospital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physpage 3 should be detached for use as the burial-transit permit. Then please remove the State Board of Health priar to burial, cremation, ar remaval, and in ony event, when the State Board of Health priar to burial, cremation, ar remaval, and in ony event, when the State Board of Health priar to burial, cremation, ar remaval, and in ony event, when the State Board of Health priar to burial, cremation, ar remaval. VR A1S (4) 1SM 9/59

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13.	FATHER'S NAME					14.	MOTHER'S MAIDEN	NAME			
		bald S. La					Kathry	n E. Kr			
15. (Ye	WAS DECEASED EVER	R IN U. S. ARMED FOR If yes, give wor or dates of si WW-I	rvice)	social security no Unknown	Mrs IO		Leoma Stee N. Pembrok	lman (sister) Margate		N.J.
	1B. CAUSE OF DEA	TH [Enter only one ca	use per li	ne for (a), (b), and (c).	1						INTERVAL BETWEEN
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	21. I certify that	t (1) (this haspital) attend	ded the deceased	fram	Fel	or. 11, 19	42 to 5	ept. 28,), that (/) (we) last
	saw the decease	ed alive an Sep	t28	319.60 , and	that de	eath	occurred at 1:1	LA, fram	the causes and	d an the c	date stated above.
	22a. SIGNATURE	. +.					ATTENDING _ M	ED.	STAFF PHYS. 30 Se	m+ 0	22b. DATE SIGNED
	22c. PHYSICIAN'S	hen F.	M	oney	N	A.D.	PHYS. DI	RECTOR [PHYS. M. De	pt. 2	8, 1960
	NAME (Type)	BERT L. MOO	NEY,	M.D. ()				ital, I	erry Poi	nt, Ma	ryland
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26	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS				D BY REGISTI	RAR 25b, REGIS	TRAR'S SIGN	
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLA MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) CECIL. DISTRICT OF COLUMNIA MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give nearest town) 2mos.17days WASHING TON Perry Point d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS Veterans Administration Hospital 729 N. Capitol Street 3. NAME OF Middle 4. DATE DECEASED (Type or print) JAMES. (NMT) FORD DEATH September 24 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR) lest buthdey) Months | Deys November 24. Male WIDOWED [DIVORCED 66 yrs. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) Freight Handlerretired Unknown Mass. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nellie LaRoque James Ford (Deceased) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (No relatives) (Yes, no, or unkown) | (If yes give wer or detes of service) VA Hospital, Perry Point, Md. records. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), PART I. DEATH WAS CAUSED BY: Pulmonary Embolus IMMEDIATE CAUSE (e) DUE TO Post operative for stricture of the Esophagus. Conditions, if env. which geve rise to immediate cause DUE TO (e), steting the underlying cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY IT OF CONTRIBUTING IT CAUSE OF DEATH. 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) Month, Dev. Yeer fectory, street, office bldg., etc.) While Not While Hour a.m. et work el work 21. I certify that I took charge of the remains described above, held an Autopsy 🗶 . Inspection 😿 . Inquiry | ō Natural causes 30 Accident Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL designated ASSISTANT MEDICAL EXAMINER should be for SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S C. DODSON, M.D. NAME (Type) Address (Street, city 22c. NAME OF CEMETERY OR CREMATORY EMOVAL (Specify) 0 VS. AISME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

IS RESIDENCE ON A FARM?

YES T

Hours

INTERVAL BETWEEN ONSET AND DEATH

36 hrs

Unknown

and in my opinion

DATE SIGNED

PERFORMED? NO

(State)

USA

Year

IF UNDER 24 HRS.

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65		d. NAME OF HOSPI OR INSTITUTION Union Hosp	AL (If not in hospital, g	ive street o	ddress)		d. STREET ADDRESS		1	f-X		RESIDENCE
		NAME OF DECEASED (Type or print)	Fin J		Middle Earle		lost Gilfillan	4. DATE OF DEATI		ember	Doy 12,	Year 19 6
	-	ale	White	WIDOWE			B. DATE OF BIRTH August, 11,		9. AGE (In years lost birthdoy) 73 yrs	Months	Doys He	JNDER 24 H
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		Joel C. Gi	lfillan				14. MOTHER'S MAIDEN Edna Darli					
	{Yes		R IN U. S. ARMED FOR Ilf yes, give wor or dates of se We We 1		SOCIAL SECURITY NO.	1000	s. Jennie S.	Gilfi		dress Gal	ena, M	d.
		PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO		erebro-		scular A	ceil	ent			Lays
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH

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a. b. Pe: d. Ve 3. N/A 100. (111207	CERTIFICAT	E OF DEATH		101	00		
	a. COUNTY Cecil	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Virgin	1 001111	ion: Residence before admission Arlington	on)		
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest lown) Perry Point	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If at Arling		RURAL and give nearest town)	3		
9	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Veterans Administration		d. STREET ADDRESS 1310 S. Ran	dolph Street	e. IS RESII ON A YES	FARM?		
	R. NAME OF DECEASED (Type or print) SAMUEL G. HI	Middle ENDRICK	Last	4. DATE Mo OF DEATH 9		960		
- 1	6. COLOR OR RACE 7. MAR Male White Widow		7/15/95	9. AGE (In years lost birthdoy) 65 yrs	Months Doys Hours	Min.		
	00. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto. Repairman	. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote of Virginia	or foreign country)	12. CITIZEN OF WHAT CO	OUNTRY?		
	3. FATHER'S NAME	AT SEE MEANING	14. MOTHER'S MAIDEN N	AME				
	Samuel Hendrick		Elizabeth	Williams				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 13. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10							
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	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 of work of work of work 19 of w							
	21 I certify that **D*(this haspital) attended the deceased from July 20							
	220. SIGNATURE PStones	<u> </u>		D. STAFF	226.	DATE		
4	JAMES L. GAREY, M. D.		VAH, Perr	y Point, Mar	yland			
	230. BURIAL, CREMATION, 236 DATE THEREOF REMOVAL (Specify) Burial Sept. 13, 1916	23c MAR OF CEMETERY OR		23d. LOCATION (Cr), town,				
1	Green Funeral Home, He	andon, Virgini			SISTRAR'S SIGNATURE			

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 TO HOSPITAL STENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haur may be rether the haspital as attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the State Board of Health prior to burial, cremotian, or remayal, and in any event, within 72 haurs after death.

e funeral director,

VR A1S (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 10198

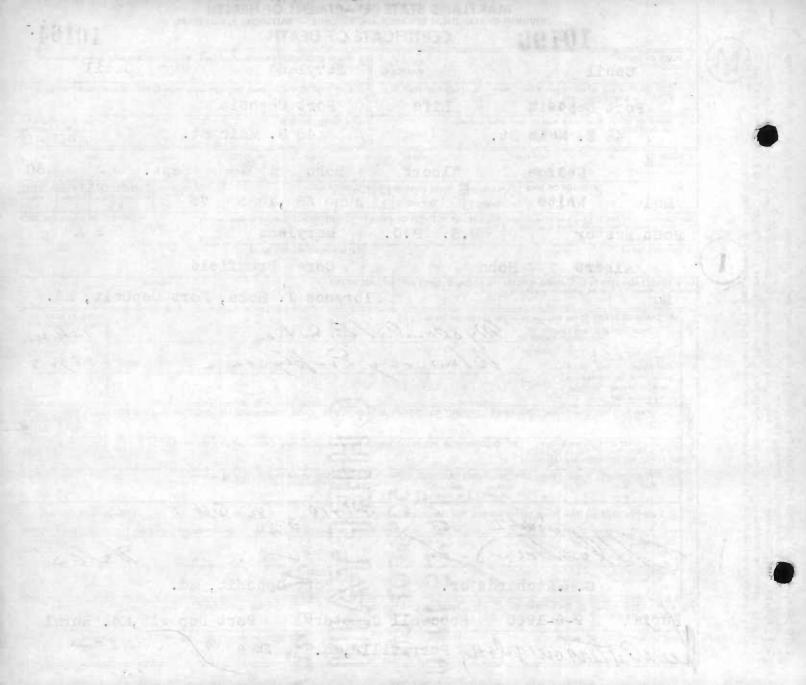
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b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Port Deposit d. NAME OF HOSPITAL (If not in haspital, give street address OR INSTITUTION S. Main St.		ts, write								
		address)		d. STREET ADDRESS		St.		e. IS RESIDENCE ON A FARM? - YES NO		
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or unknown) {			SOCIAL SECURITY NO			Hohn,			it,	Md.
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n ACCIDENT WAS	LINDERLYING FT	Te.					U -4 1	EN IN PART	PE	AS AUTOPSY ERFORMED?
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20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. Power of the control of t							(Stote)			
21. I certify that (I) (this hospital) attended the deceased fram 7/2 19.46, to 5/2 3 , 19.60, that (I) (we) lost sow the deceased alive of 2 19.60, ond that death accurred at 2.60, from the couses and on the date stoted obove. 22a. SIGNATURE M.D. ATTENDING 6 MED. STAFF PHYS. 22b. DATE SIGNED										
NAME (Type) G.H.Richards Jr. Port Deposit, Md.										
UNIAL, CREMATION										(State)
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Also Hospital (If not in hospital, give street address) Address Florence J. Hohm, Port Depos Address Florence J. Hohm, Port Depos Cause Of Death (If not, which give rise to injury in Part I or Port II of item 18.) Address Part II. Other significant Conditions Contributing to Death But not related to the terminal Disease Condition given in Part I or Port II of item 18.) Accident Was underlying (I) Accident Was	RUBAL and give misorest lown) PORT Deposit NAME OF HOSPITAL (if not in hospital, give street address) RINSTITUTION PORT DEPOSIT AND STRINGTHING S. Main St. Main St.

TO HOSPITAL BY TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4 may be reheat by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in a funeral director, page 3 shauld be detached far use as the buriol-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Baard of Health priar to burial, cremation, ar removal, and in any event, within 22 haurs after death.

VR A1S (4) 1SM 9/59



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after death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1. MARYLAND

MARYLAND

CERTIFICATE OF DEATH

o. STATE Maryland

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

b. COUNTY

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PLACE OF DEATH

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a COUNTY

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by the DIRECTOR: 3 page 3 the State

b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) 2yrs 2mo 9days Baltimore Perry Point d. NAME OF HOSPITAL (If not in haspital, give street address) A STREET ADDRESS IS RESIDENCE ON A FARM? 3815 Park Heights Ave. Veterans Administration Hospital YES NO TO NAME OF 4. DATE Manth Day Year DECEASED Klein Simon (Type or print) Sent 19 60 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years last birthday) Months Male White DIVORCED [6-17-95 65 WIDOWED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Clerk Clerical VA U.S.A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Hyman Klein Not ascertainable 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO 202-14ddress 104 AVE Yes Samuel P.KLein (B) Hollis 12. N.Y. Unknown 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Ventricular Fibrillation 1 min. IMMEDIATE CAUSE (o) Arteriosclerotic Heart Disease, severe Conditions, if any, which Years gave rise to immediate DUE TO couse (o), stoting the under-Arteriosclerosis, generalized, severe lying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Diabetes Mellitus and Essential Hypertension YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc. Haur o. m While Not while at work at work p. m 6-30 1958 . to___ 9-9 __ 19.60, that \$0 (we) last 21. I certify that 🗯 (this haspital) attended the deceased fram.___ and that death accurred at 11:25 from the causes and an the date stated above saw the deceased alive an 220. SIGNATURE 9-10-60ED ATTENDING PHYS. MED. 22c. PHYSICIAN'S 22d. ADDRESS Albert Mooney, M.D. VAH, Perry Point. Md. 230. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) 9-11-60 Arlington National Ft. Myers, Va. & removal 3501ESS _ 14th St., NW. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DANZANSKY & SONS. Washington, D.C. DATE FP 1 3 '60

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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*	gration trade or			
4.7	The state of the second of			

PERFORMED YES NO

AM, fram the causes and an the date stated above

24b. REGISTRAR'S SIGNATURE

Maryland

ADDRESS (Street, city ar tawn, state)

22d. LOCATION (City, tawn, or county)

Cherry Hill

24g. REC'D 8Y REGISTRAR

(State)

DATE SIGNED

OR INSTITUTION Elkton Hospital NAME OF DECEASED (Type ar print) 5. SEX Female 10a. USUAL OCCUPATION (Give kind of wark dane lob. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired)
Home Maker
Pennslyvania 13. FATHER'S NAME IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 18. CAUSE OF DEATH [Enter anly one cause par Tine for (a), (b), and (c).] PART I. DEATH WAS CAUSED 8Y IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last PART II/ OTHER GIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY 20a. ACCIDENT WAS UMBERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OF CURRED. (Enter nature of injury in Part I or Part II of item 18.) Day, Year 20e. PLACE OF INJURY (Hame, form, | 20f. (City or town) 20d. INJURY OCCURRED (Caunty) factory street, office bldg., etc.) Haur a. m While Nat while Alat wark at wark p. mg that I last saw the deceased 21. I certify that I aftended the deceased fram alive an and that death accurred at

22c. NAME OF CEMETERY OR CREMATORY

Cherry Hill Cemetery

detached DIRECTOR: pe TO FUNERAL DIR page 3 shauld b VS A15 (4) 15M 9/58

director, iled with

2

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physician and

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crematian,

prior

the registrar

ACTUAL

PHYSICIAN'S

NAME (Type)

22a. BURIAL, CREMATION, 22b. DATE THEREOF

9-22-60.

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haspital ar ottending physician After this certificote has been s

after death. Page

executed within 24 hours

PHYSICIAN: The law requires that the death certificate be

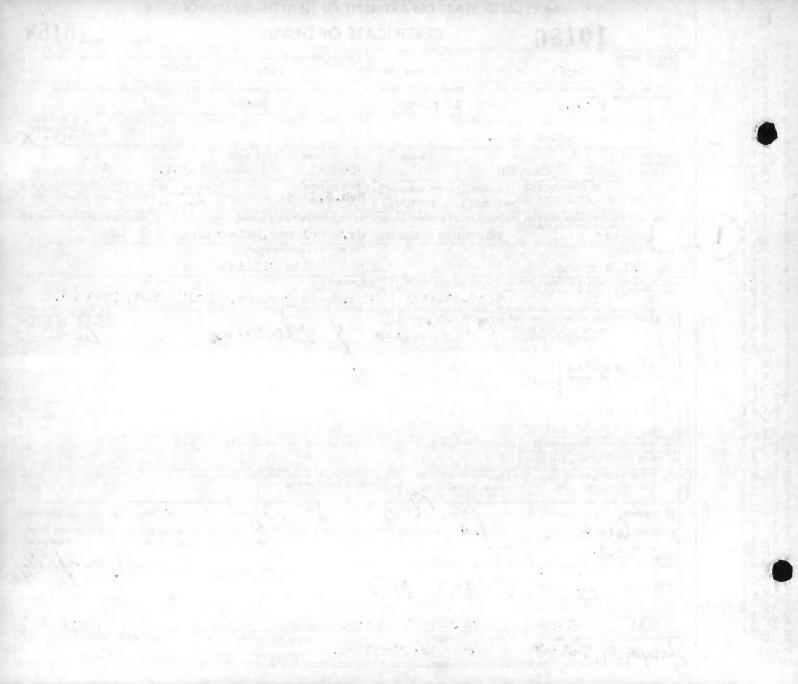
Bud East of - NO EDIT HOLD Campus and amount of the law ments follow rideren i den gerind o myorken den gesteren bereit gestellige ei

death certificate be executed within 24 The law requires that the VS A15 (4) 15M 9/58

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO NO Month Day Yeor 1960 IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys 12. CITIZEN OF WHAT COUNTRY? USA Address Mrs. Susie Parsons, North East, Maryland. INTERVAL BETWEEN ONSET AND DEATH PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO (County) (Stote 1900, that I last sow the deceased and that death occurred at 10 50% from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED 22d. LOCATION (City, town, or county) (Stote) Mary Land 24b. REGISTRAR'S SIGNATURE .OR North East, Maryland. 160 arthur & Hrank DATECEP

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No.1()168



after death.

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1.	PLACE OF DEA	11120	4				2. USUAL RESID				n. Residen	ce before	dmi
	a. COUNTY		STA.				a. STATE			OUNTY		100 001010	
		eeil		1	MARYI			ryland			ecil		-
	Bainbr:	-	own)		e. LENGTH OF STA	min	c. CITY OR TOV	ort De		Write KURAL	and give	neerest tow	n)
	d. NAME OF HO	SPITAL OR INSTIT	UTION (if	not in hospi	tel, give street eddre	ess)	d. STREET ADDR	ESS				e. IS R	
		ospital, I	JSNTC	, Bair	nbridge, N	Md.	203-B Laff	ey Circ	cle, Mano	or Hei	ghts	YES	N
3.	NAME OF DECEASED		First		Middle		Last	4. DAT	E N	lonth	Dey	Yee	r
	(Type or print)		THOM		CHARLES	S	PORTER	DEA	TH Septe	ember	15	196	50
5.	SEX	6. COLOR O	R RACE 7	7. MARRIED	NEVER MARRIED	D 8.	DATE OF BIRTH	ERES		eers IF UND	The second secon	IF UNDER	2
	Male	Caucasi		WIDOWED			7-3-59		lasi biring	TATOHIH.	Deys	Hours	
10	. USUAL OCCUP	ATION (Give kind	of work	1Db. KIN	D OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (S	tete or foreign	country)	12,	CITIZEN C	F WHAT	0
do	one during most of	working life, aver	it retired))			VTRO	INIA					
13.	FATHER'S NAME						14. MOTHER'S MAIL						
1	RICHARD	WINFIELD	DOD	qum			TTMT	A MAE I	ACV				
15.		EVER IN U.S. ARA			OCIAL SECURITY NO	O. 17. IN		H MAL I		dress			-
		(If yes give war or					A.S. 131	Desir					
-	1 10 CRITCE O	P DERTH IS	only one	aura esa l'-	e for (e), (b), end (c	11	Hospital	Record	18		1 15 43	TERVALDES	130
		ATH WAS CAUSE		wase bet illi	e for felt (D), and (C	-/-					IN	TERVAL BET NSET AND I	
				775		34.							DE
	241	IMMEDIATE CA		Pne	eumococcio	Meni	ngitis					hr.4	DE
	340	IMMEDIATE CA		Pne	eumococcic	: Meni	ngitis						DE
	34 o	IMMEDIATE CA	AUSE (e)	Pne	eumococcic	e Meni	ngitis						DE
	34 o Conditions, if	IMMEDIATE CA	DUE TO	Pne	eumococcic	e Meni	ngitis						DE
	34 o	IMMEDIATE CA	DUE TO (b) DUE TO	Pne	eumococcic	Meni	ngitis						DE
NC	Conditions, if geve rise to imm (e), steting the cause lest.	immediate Ca	DUE TO (b) DUE TO (c)				ngitis	RMINAL DISEA	se condition	GIVEN IN P	35	hr. 4	5
ATION	Conditions, if geve rise to imm (e), steting the cause lest.	immediate Ca	DUE TO (b) DUE TO (c)					RMINAL DISEA	SE CONDITION	GIVEN IN P.	ART 1(e)	hr.4	DE-5
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CERTIFICATION	Conditions, if a geve rise to imm (e), stelling the cause lest. PART II. OT	ony, which ediete couse underlying HER SIGNIFICANT	DUE TO (b) DUE TO (c) CONDITION	ons conti	RIBUTING TO DEATH	H BUT NOT	RELATED TO THE TE			I GIVEN IN P.	ART 1(e)	hr. 4	DE S
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	Conditions, if a geve rise to imm (e), stelling the cause lest. PART II. OT 2De. EXTERNAL PRIMARY OF CAUSE OF DEA 20c. TIME OF III. Hour e.i.	IMMEDIATE CA	DUE TO (b)_ DUE TO (c)_ CONDITIO	ons conti	RIBUTING TO DEATH E HOW INJURY OCCURRED Not While	H BUT NOT	RELATED TO THE TE	Pert I or Pert I	l of item 1B.)		ART 1(e)	hr. 4	DE-5
MEDICAL CERTIFICATION	Conditions, if geve rise to imm (e), stelling the cause lest. PART II. OT 2De. EXTERNAL PRIMARY [] or CAUSE OF DEA 20c. TIME OF II Hour e.	IMMEDIATE CA	DUE TO (b) DUE TO (c) CONDITIO	b. DESCRIBI	RIBUTING TO DEATH E HOW INJURY OCCURRED Not While et work	H BUT NOT	RELATED TO THE TE ter neture of injury In E OF INJURY (Home, ry, street, office bldg.	ferm, 20f. (I of item IB.) City or town)	(1)	ART I(e)	hr.4	OE5
	Conditions, if of geve rise to imm (e), stelling the cause lest. PART II. OT 2De. EXTERNAL PRIMARY [] or CAUSE OF DEA 20c. TIME OF II Hour e.i.	IMMEDIATE CA	DUE TO (b)_ DUE TO (c)_ CONDITION Dey, Year 19 parage of	DESCRIBITION ON THE PROPERTY OF THE PROPERTY O	RIBUTING TO DEATH E HOW INJURY OCCURRED Not While et work ins described ab	H BUT NOT	related to the te	ferm, 20f. (City or town)	quiry	ART I(e)	hr. 4	OE5
	Conditions, if geve rise to imm (e), stelling the cause lest. PART II. OT 2De. EXTERNAL PRIMARY [] or CAUSE OF DEA 20c. TIME OF II Hour e.	IMMEDIATE CA	DUE TO (b) DUE TO (c) CONDITIO	DESCRIBITION ON THE PROPERTY OF THE PROPERTY O	RIBUTING TO DEATH E HOW INJURY OCCURRED Not While et work	H BUT NOT	related to the terms of injury lines. The street, office bldg. the manner of the street, office bldg. the manner of the street, office bldg. the manner of the street of t	ferm, 20f. (etc.) Inspection le grant of the control of the con	City or town) On , In Undetermine	quiry	ART I(e)	hr.4	OE5
	Conditions, if geve rise to imm (e), stelling the cause lest. PART II. OT 2De. EXTERNAL PRIMARY [] or CAUSE OF DEA 20c. TIME OF II Hour e.i. p. 21. I certify death resulted	IMMEDIATE CA	DUE TO (b)_ DUE TO (c)_ CONDITION Dey, Year 19 parage of	DESCRIBITION ON THE PROPERTY OF THE PROPERTY O	RIBUTING TO DEATH E HOW INJURY OCCURRED Not While et work ins described ab	H BUT NOT	related to the terms of injury lines. The street, office bldg. the manner of the street, office bldg. the manner of the street, office bldg. the manner of the street of t	ferm, 20f. (City or town) On , In Undetermine	quiry	ART I(e)	hr.4	OR N
	Conditions, if of geve rise to imm (e), stelling the cause lest. PART II. OT 2De. EXTERNAL PRIMARY [] or CAUSE OF DEA 20c. TIME OF II Hour e.i.	IMMEDIATE CA	DUE TO (b)_ DUE TO (c)_ CONDITION Dey, Year 19 parage of	DESCRIBITION ON THE PROPERTY OF THE PROPERTY O	RIBUTING TO DEATH E HOW INJURY OCCURRED Not While et work ins described ab	H BUT NOT	RELATED TO THE TE ter neture of injury In EE OF INJURY (Home, ry, street, office bldg. d an Autopsy X Ie, Homici CHIEF MEDIC	ferm, 20f. (etc.) Inspection le grant of the control of the con	I of item 18.) City or town) On, In Undetermine	quiry	ART 1(e)	hr.4	UR N
	Conditions, if geve rise to imm (e), stelling the cause lest. PART II. OT 2De. EXTERNAL PRIMARY Or CAUSE OF DEA 20c. TIME OF II. Hour e.i. p.: 21. I certify death resulte ACTUAL SIGNATURE.	IMMEDIATE CA	DUE TO (b) DUE TO (c) CONDITION 19 Day, Year 19 Days of dural cau	b. DESCRIBI	RIBUTING TO DEATH E HOW INJURY OCCURRED Not While et work ins described ab Accident [],	H BUT NOT	related to the terms of injury in the neture of injury in the control of the terms of the control of the contro	ferm, 20f. (, etc.) , Inspection de, AL EXAMINER	City or town) On , In Undetermine	quiry	ART 1(e)	hr.4	S (S
MEDICAL	Conditions, if geve rise to imm (e), steling the cause lest. PART II. OT 2De. EXTERNAL PRIMARY or CAUSE OF DEA 20c. TIME OF II Hour e.l. 21. I certify death resulte ACTUAL SIGNATURE EXAMINER'S NAME (Type)	immediate Cale only, which lediele couse underlying there significant cause was contributing of that I took of d from: National Research	DUE TO (b) DUE TO (c) CONDITIO Dey, Yeer 19 parge of fural cau	b. DESCRIBI 2Dd. IN While et work the rema	RIBUTING TO DEATH E HOW INJURY OCCURRED Not While et work this described ab Accident [], D. D.	H BUT NOT CURED. (En 20e. PLAC fecto. Dove, held Suicic	related to the terms of injury in the neture of injury in the terms of injury inj	form, 20f. (etc.) Inspection AL EXAMINER MEDICAL EXAM	City or town) On , In Undetermine	quiry	ART 1(e)	hr.4	(Si
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MEDICAL	Conditions, if geve rise to imm (e), steling the cause lest. PART II. OT 2De. EXTERNAL PRIMARY or CAUSE OF DEA 20c. TIME OF II Hour e.l. 21. I certify death resulte ACTUAL SIGNATURE EXAMINER'S NAME (Type)	IMMEDIATE CA	DUE TO (b) DUE TO (c) CONDITIO Dey, Yeer 19 parge of fural cau	DN, M.	RIBUTING TO DEATH E HOW INJURY OCCURRED Not While et work this described ab Accident [], D. D.	H BUT NOT CURED. (En 20e. PLAC fector OVE, held Suicic	RELATED TO THE TE ter neture of injury In E OF INJURY (Home, ry, street, office bldg. d an Autopsy X Ie, Homici CHIEF MEDIC ASSISTANT DEPUTY MED Address (Street CREMATORY	ferm, 20f. (ferm, 20f. (etc.) Inspection AL EXAMINER MEDICAL EXAM ICAL EXAMINE ast, city, town,	City or town) On , In Undetermine Alner , Alner , Or county) CATION (City, 1	quiry [], d manner	ART I(e)	hr. 4 19. WAS A PERFO YES in my o	(SI
MEDICAL	Conditions, if geve rise to imm (e), stelling the cause lest. PART II. OT 2De. EXTERNAL PRIMARY OF CAUSE OF DEA 20c. TIME OF II. Hour e.i. P. 21. I certify death resulte ACTUAL SIGNATURE. EXAMINER'S NAME (Type) 3. BURIAL, CREMA	IMMEDIATE CA	DUE TO (b) DUE TO (c) CONDITION Dey, Yeer 19 Darge of fural cau	DN, M.	RIBUTING TO DEATH E HOW INJURY OCCURRED Not While et work ins described ab Accident , D. 2c. NAME OF CEM	CURED. (En 20e. PLAC fecto. Suicic	RELATED TO THE TE ter neture of injury In E OF INJURY (Home, ry, street, office bldg. d an Autopsy X le, Homici CHIEF MEDIC M.D. ASSISTANT DEPUTY MED Address (Str. CREMATORY 124e.	ferm, 20f. (ferm, 20f. (etc.) Inspection AL EXAMINER MEDICAL EXAMINE MEDICAL EXAMINE at, city, town, 22d. LOO	City or town) On , In Undetermine Alner , Alner , Or county) CATION (City, 1	quiry, d manner	ART I(e) County) and Md	hr. 4 19. WAS A PERFO YES in my o	(St.

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E. C. DODBORT M. EM.

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TATE	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTI-	
DEPT.		, if institution: Residence before edmission DUNTY CC11
M)	b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town)	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS Dogwood Road	e. IS RESIDENC ON A FARM YES NO
	3. NAME OF DECEASED First Middle Last OF OF DEATH Sept	Onth Dey Yeer 21 19 60
	5. SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In ye last birthde	oers IF UNDER 1 YEAR IF UNDER 24 HRS
	Male White WIDOWED DIVORCED April 14, 1923 37 yrs 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTR
	Auto Mechanic Repairing autos North Carolina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	U.S.A.
	John Powers Emma Ball 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Add (Yes, no, or unknown) ((Typesgivewerordelesofservice))	Iress R.D.
	Yes WW2 238-30-5342 Mrs. Clarence Powers 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	, Elkton, Md. INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carbon Monoxide gas poisoning Due to	ONSET AND DEATH
	Conditions, if eny, which gever rise to immediate cause	
	(e), steting the underlying DUE TO cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	
1	САПО	PERFORMED? YES NO
0	ATTACHED HOSE TO EXHAUST DIDE AND MAN	hose into car
	20c, TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) fectory, street, office bldg., etc.) While Not While fectory, street, office bldg., etc.) Rel Woods Elkton	(County) (Stete)
	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Indetermined death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined	quiry , and in my opinion
	CHIEF MEDICAL EXAMINER	
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL DEPUTY MEDICAL EXAMINER DEPUTY M	9/21/60
	NAME (Type) R. C. DOGSON Address (Street, city, town, or county) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town)	own, or country) (Slete)
1	Burial 9/24/60 Cherry Hill Cemetery Cherry H 23. FUNERAL PIRECTOR 240. REC'D BY REGISTRAR 24b.	registrar's signature
0	Ralph E. Nicke Elkton, Md. DATE OCT 10'60	arillar S. Kraus

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after death. Page

hours

law requires that the death certificate be executed within 24

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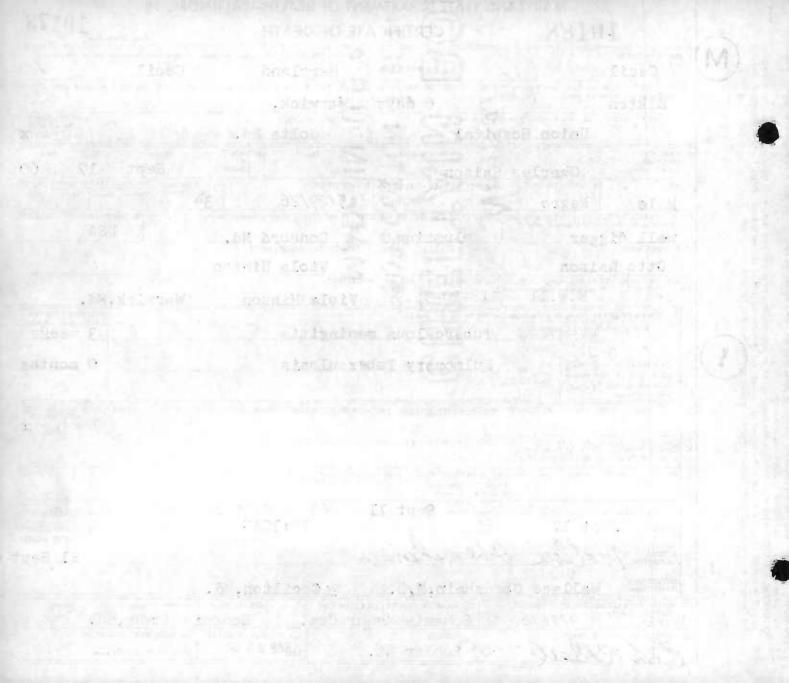
attending physician.

ATTENDING PHYSICIAN: The by the haspital or attending ph DIRECTOR: After this certificate has

TO FUNERAL L

VS A15 (4)

1SM 9/58



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	1019.	7	CERTIF	ICA	TE OF DE	ATH			R	eg. Dist.	No.	10	114
1. PLACE OF DEATH o. COUNTY	Ceci1		MARYL		2. USUAL RESIDEN o. STATE	ary1	ed.	d lived. If inst b. COU	NTY .	Residence Cec i 1	before	odmlss	ion)
RURAL and give	N (If outside corporate limite negrest town) Orth East	ts, write	c. LENGTH OF STAY II		c. CITY OR TOV		East	prote limits, wr	ite RURA	AL and giv	e neare	st town)
d. NAME OF HO	SPITAL (If not in hospitol, g ON	jive street	oddress)		d. STREET ADD	-	ecil.	Ave.					IDENCE FARM?
3. NAME OF DECEASED (Type or print)	Fii Phi1i		Middle Rich ard		los Ricards		4. DATE OF DEATH	Sept.	Month	16	Day		Year 19 60
s. sex Male	6. COLOR OR RACE White	7. MARR	DIVORCED		DATE OF BIRTH	874		9. AGE (In ye lost birthdo		onths D		Hours	R 24 HRS. Min.
10a. USUAL OCCUPA during most of v	ATION (Give kind of work working life, even if retired n.t.)	KIND OF BUSINESS OR				or foreign c			12. CITIZ	EN OF USA	WHAT	COUNTRY
13. FATHER'S NAME					14. MOTHER'S MA	AIDEN N	AME						
	Philip A. Ric	cards		3/0	Mar	tha :	Thomas	S					
15. WAS DECEASED	EVER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INF	ORMANT				Address				
No			None		Mrs. Phil:	ip R.	Rica	rds, No	rth	East	, Md		
	DEATH [Enter only one co	-	ne for (0), (b), and (c).]	40.00	inoma of	_	1.1	ith met			_	AND	TWEEN
Conditions, i gove rise to couse (o), stati lying couse to	immediate DUE TO	0											
PART II. 200. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT	OTHER SIGNIFICANT CON	_			or RELATED TO TH		NAL DISEAS	E CONDITION	GIVEN	IN PART 1		WAS . PERFO	AUTOPSY RMED? NO
	WAS UNDERLYING ING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OC	CURRED.	(Enter noture of in	njury in P	ort 1 or Por	t II of item 18	.)	44			
20c. TIME OF IN Hour o. p.	m10	ar 20d. It While of wor	Not while	20e. PLAC focto	E OF INJURY (Horry, street, office bi	me, form, ldg., etc.)	20f. (City	y or town)		(Co	unty)		(Stote)
21. I certify alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Hot I attended the 15 Sept Holling H	deceas , 19.		death o	n. 19.55, poccurred at 1. 10. No. No. No. No.	1:50/	M, frof		es and	on the		state	deceased ed above ATE SIGNED
220. BURIAL, CREMA REMOVAL (Spec BUTLE	cify)		North Ea		crematory ethodist			TION (City, to		ounty)	1	(Stot	e)
23. FUNERAL DIRECT	OR'S SIGNATURE	ut N	ADDRESS orth East.M	arv1	2		BY REGIS		REGISTR.	AR'S SIGN		4	

		TE OF DEAT			
			ALLES VALUE TO STORIGE A		
		, ,			
				The Later	
SALE OF THE					Charles at table 1
					A De Young and
					Mark to a 3
	le letterine				

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 e funeral directar, shauld be filed with may be rek. by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remave carban gapers. Pages 1 and the State Board af Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after death.

10175

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 10206

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased		ence before admission)
o. COUNTY Cecil	MARYLAND	o. STATE Maryland	b. COUNTY Was	hington
b. CITY OR TOWN (If outside corporate limits, we RURAL and give nearest town) Perry Point	c. LENGTH OF STAY IN 16 4yrs.5mo.19d	c. CITY OR TOWN (If outside corporage Bys Hagerstow:	110	d give negrest town)
d. NAME OF HOSPITAL (If not in hospital, give s		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Veterans Administrat	ion Hospital	26th E. Fran	nklin	YES NO
3. NAME OF First DECEASED	Middle	Last 4. DATE OF	Month	Day Year
(Type or print) OMAR	UE D.	ROUZEE	September	r 29 19 60
S. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UND lost birthdoy) Months	ER 1 YEAR IF UNDER 24 HRS.
Male White w	DOWED DIVORCED	Sept.8,1897	63 yrs.	Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign co	ountry) 12.C	ITIZEN OF WHAT COUNTRY?
Brakeman		Virginia		JSA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	STATE OF STATE	
George A. Rouzee	(deceased)	Mary E. Fisher	(deceased)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES	7 16. SOCIAL SECURITY NO. 17. IF	NFORMANT		rlestown, W. Va
Yes, no, or unknown (If yes, give wor or dates of service WW I	219-20-4407 Ru	ssell Rouzee, Broth	ner, S. Pro	spect Street
18. CAUSE OF DEATH [Enter only one couse	per line for (o), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Hemorrhage, retr	coperitoneal from	aortic	28 hours
451X DUE TO S	synthetic graft			
Conditions, if ony, which)	Arteriosclerotic	aortic aneurysm		unknown
gove rise to immediate DUE TO				
	Arteriosclerosis	s. generalized		
		NOT RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN P.	ART 1(o) 19. WAS AUTOPSY PERFORMED?
Old Myor	cardial infarcti	on, posterior wal	1	YES NO
200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		D. (Enter nature of injury in Part I or Par		
20c. TIME OF INJURY Month, Doy, Year Hour o. m.		ACE OF INJURY (Home, farm, 20f. (City	or town)	(County) (State)
Hour o. m.	While Not while to work of work of work	ctory, street, office bldg., etc.)		
21. I certify that MXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		April 10 156 to S	ent. 29 19	60 acatherecticacacacatere
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		_		
22o. SIGNATURE		pin	ino courses and on t	22b, DATE
1 a.L. moo	ney_	M.D. PHYS. MED. DIRECTOR	STAFF PHYS.	\$1GNED
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS		
A.L. MOONEY	Asst Clinical P	athologist, VAH, P	erry Point,	Md.
23g. BURIAN CREMATION, 23b. DATE THEREOF	T	n roen fahov mai 1004		
REMOVAL (Specify)	23c MAME OF CEMETERY	OK CHAMATORY 236. LOCA	MON (City, town, or count)	(Stote)
REMOVAL (Specify)	ADDRESS	250. REC'D BY REGIST	justom	Md.

TO HOSPITAL

AMESS Y The analysis of the manufacture of Ta Stimul yo the with the last the last the state of the es arthorages a small transfer - e n Tales In the Cappacent) cusels a real languages) segues a sympto-To be the first of the state of Service of the arrange, carroger to see I come to the land of the the Arturate and a recording to the contract of the contract o The state of the s 08-05-9 in the state of the contract of the state of the second was the second that the

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Page death. that the death certificate be executed within 24 hours requires

VS A15 (4) 15M 9/5B

10176

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. IS RESIDENCE ON A FARM? YES NO Year IF UNDER 1 YEAR IF UNDER 24 HRS 12, CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY PERFORMED? YES NO M (Stote that I last saw the deceased M. fram the causes and an the date stated above.

the most discolable with him was and the transfer of the back text of the time. The state of the s Taken Committee Mile mountain and A when A title I amount it, the

FOR STATE HEALTH DEPT TO DEPUT LEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any done is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fun director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, gramation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 7/59

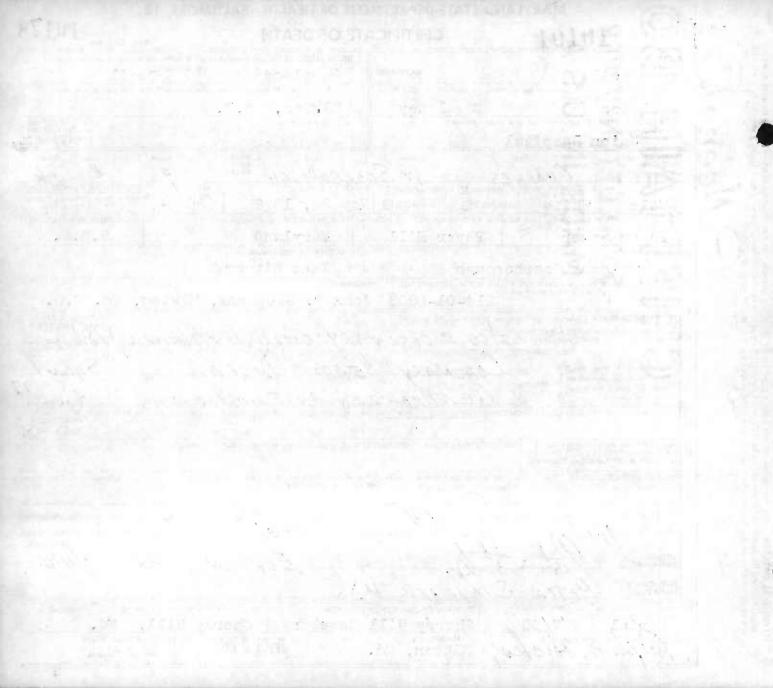
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 777 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	ACE OF DEATH				2. USUAL RESI	IDENCE (Where			Rasideni	ce before e	dmission)
	-	cil		MARYLAND	a. STATE	i.	b. COI	Cecil	I		
b.	CITY OR TOWN (i write RURAL and Elkton	foutside corporate lim giva nearest town)	its,	c. LENGTH OF STAY IN 16	c. CITY OR TO	WN (If outside co	orporate limits, wr			neerest tow	vn)
_ d.	NAME OF HOSPIT	n Hospital		pital, give street address)	d. STREET ADD	RESS					ESIDENCE A FARM?
	AME OF	First		Middle	Last	4. DAT	E Mor	ith	Dey	Yea	
	ECEASED ype or print)	Til dina		**	D	OF DEA:	тн 9		15	19	60
5. SE	×	6. COLOR OR RACE		NEVER MARRIED	8. DATE OF BIRTH		19. AGE (In year	s (IF UNDER		IF UNDER	
	Fl:	W	WIDOWE		Tan 25	8. 1901	last birthday	Months	Deys	Hours	Min.
		ON (Give kind of work		ND OF BUSINESS OR INDUS			74	12, CI	ITIZEN O	F WHAT C	COUNTRY?
13. F.	Housewi	fe		House Keepin	Mary	Vland IDEN NAME			J.S.A		
	F.G.Ha	rvev			T.aura	Granty					
	AS DECEASED EVI	R IN U.S. ARMED FOI		SOCIAL SECURITY NO. 17.	INFORMANT	to sto suring	Addre	88			
(105,	no, or unkown, (n	yasgiva wai oi dales oi i	el vice)	216-16-4726	Mr. John	Puran 1	North Fo	et Wa			
1 1		EATH [Enter only one	cause per li	ne for (e), (b), end (c).)	THE OWN US	a sail	NOT DE LA	Die MC	IMI	ERVAL BET	
9 (1	any conditions, if any evarise to immedia, stating the unause last.	ate cause	Aı	riplegia rterio sclero	sis:						
CERTIFICATION	PART II. OTHER	SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH BUT N	NOT RELATED TO THE 1	TERMINAL DISEA	SE CONDITION G	IVEN IN PAR		PERFC	NO NO
CERTIFIC	0e. EXTERNAL CARIMARY OF CO.		Ob. DESCRI	BE HOW INJURY OCCURED.	(Enter neture of Injury	In Part I or Part II	of item 18.)				
MEDICAL	Hour a.m.	RY Month, Dey, Ye	ar 20d. I While at work	Not Whita fa	LACE OF INJURY (Hometory, street, office blds		City or town)	(Co	unty)		(State)
2	1. I certify th	at I took charge	of the rem	ains described above, l	neld an Autopsy	, Inspectio	on 🔙, Inqu	iry 🔀	and	in my o	pinion
C	death resulted f	roma Natural ca	auses 📜	Accident, Su	icide, Homi	cide, l	Jndetermined	manner [
	CTUAL	All.	190	ocho	11	T MEDICAL EXAM	INER 🗆		D	ATE SIG	NED
	IGNATURE L				M.D.	EDICAL EXAMINE					
	XAMINER'S NAME (Type)	R.C.Dodso	n			treat, city, town,			9-	16-60	0
22a. B	URIAL, CREMATIO	N. 226. DATE THERE		22c. NAME OF CEMETERY			CATION (City, tow	n, or countr	у)	(Stet	e)
	Buria1	9-18-19	60	Methodist ADDRESS		Nort	h Easts	Cecil	Co.	Mar	v1ano
23. F	UNERAL DIRECTO		W								/
	Josep	h of fran	Hortin	East, Marylan	nd DAT	SEP 2 0 '	60 C	rthur S.	Krau	4	
	11 1										

1:000 Local 32 5 80 70 Esta Inches en con test of and sold last of a Facilitation of the Land ALEDERIC O HOUTE THE STATE OF THE S

	1	10191		CERT	TIFIC A	ATE OF D	EATH			Reg.	Dist. No	. 10	116
	LACE OF DEATH			84.4	RYLAND	2. USUAL RESIDE	-	re deceased	d lived. If instit b. COUN	TV		re odmiss	ion)
	Ceci	_				Mary				Cec.			
b	RURAL ond give ne		its, write	c. LENGTH OF STA		100			rate limits, write	RURAL or	d give ne	arest tawn	1)
-	Elkton	L AL (If not in hospitol, ;	give street		.,У	d. STREET AD		R.D	•			e. IS RES	IDENCE
	OR INSTITUTION	n Hospit		,		S. SINGEL VI						ON A	FARM?
(IAME OF IECEASED Type ar print)	CHAR	rst LES	Midd	1.50	Last CARBORO	4GH	4. DATE OF DEATH	N 9	anth	4	1	Year 1960 -
S	Male	6. COLOR ÓR RACE White	7. MARR	RIED NEVER MAR		8. DATE OF BIRTH	187	2	9. AGE (In year last birthdoy		ER 1 YEAR Days	Haurs	Min.
a.		N (Give kind of work							00 /	-	ITIZEN O	FWHATC	OUNTRY
	Paper m	ing life, even if retired	1)	Paper Mi			ylan	_	,,			S.A.	
3. 1	ATHER'S NAME	1000				14. MOTHER'S A	ALIDEN NA	AME					
	Talb	ort Scar	boro	ugh		Jan	e Wi	twor	th				
		R IN U. S. ARMED FOR		SOCIAL SECURITY N	10.	NFORMANT			A	ddress			
	No	pro yes, give war at access of	2	14-01-08	808	John F.	Ste	phens	s, Elki	ion,	Md.	R.D	
NO	gave rise to in cause (o), stoting to lying cause lost.		0)	ENER	ALIZ DEATH BUT	NOT RELATED TO T	OFF A	2/05	CHERO;	S/S	APT 1/01/1	Dys	AUTOPS
CATIO	1861 11. 0111	ick stotethearth con-	DITIONS C	ONINDOMINO TO I	JEKIII DOT	NOI KEALD TO I	TIE TERMIN	INE DISENS	LECONDITION) V LIV II V I	AKI 1(0)	PERFO YES	RMED?
CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY	OCCURRE	D. (Enter nature of	injury in Po	art I ar Por	t II af item 18.)				
MEDICAL	20c. TIME OF INJUR Hour a.m. p. m.	Y Manth, Day, Ye	20d. It While of war	NJURY OCCURRED Nat while of wark	20e. PL for	ACE OF INJURY (Hotary, street, affice i	ome, form, oldg., etc.)	20f. (City	ar town)		(Caunty)		(State
	21. I certify th	at, I attended the	deceas	ed fram. 9/4	/	1960.	ta	9/4	196	,that I	last sav	w the d	lecease
	alive an9	14	, 196	and the	at death	accurred at							
	//	(1)1	1	1/			A	DDRESS (S	treet, city or law	n, state)		DAT	E SIGNI
1	ACTUAL SIGNATURE	yester 1	The	Win		M.D	EL,	KIO	N	Md-		7/4/	60
	PHYSICIAN'S NAME (Type)	PETER	SZ	AVOAKI	is 1	128					/		
2a.	BURIAL, CREMATIO	N, 22b. DATE THEREC	OF	22c. NAME OF CE	METERY O	R CREMATORY		22d. LOCA	TION (City, taw	n, ar count	y)	(Stat	le)
	REMOVAL (Specify) Burial	9/7/60		(1)	TTATT	A		01		7 7			
2 1		3/1/00	_A	Cherry	HTTT	Cemete	T. A	Une	rry Hi	$\perp \perp$	Md.		
.J. 4	Lalph Salph	1 - 1	les!	ADDRESS Elkton				BY REGIST	RAR 24b. RE	III, GISTRAR'S	SIGNATU	RE	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



10 M		PLACE OF DEATH	10192			2. USUAL RESIDEN	ICE (Where deceased	d lived. If institution	Reg. Dist. N	
IVI)		o. COUNTY Cec	11		MARYLAN	o. STATE	id.	b. COUNTY	Cecil	
			If outside corporate limit	s, write c. L	ENGTH OF STAY IN	b c. CITY OR TOV	VN (If outside corpo	rote limits, write RI	JRAL ond give n	earest town)
	E	Elkton	ediesi idwiij			Cecilton	X			
60		d. NAME OF HOSPI OR INSTITUTION Inion Hosp	TAL (If not in hospital, gi	ve street addre	ess)	d. STREET ADD	RESS			e. IS RESIDENCE ON A FARM? YES NO
	3.	NAME OF DECEASED	Firs	t	Middle	Lost	4. DATE	Mon	th [Day Year
100		(Type or print)	Daisy			Smith	DEATH	Septe	mber 2	26, 1960
	S. :	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED [B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	Months Days	
	I	Temale	White	WIDOWED 5	DIVORCED	September	23,1880	80 yrs.	Months Days	Hours Min.
	10a	. USUAL OCCUPATION	ON (Give kind of work d king life, even if retired)	one 10b. KIND	OF BUSINESS OR IN	NDUSTRY 11. BIRTHPLAC	E (State or foreign co	ountry)	12. CITIZEN	OF WHAT COUNTRY
	Ho	ousewife	may may aren il remeal	Home		Md.			U.S.A	A.
	13.	FATHER'S NAME				14. MOTHER'S MA	AIDEN NAME	100		
	I	David Temp	leton			Mary El:	zabeth Kn	otts.		
	1S.		R IN U. S. ARMED FORG		AL SECURITY NO.	INFORMANT	100	Addr	ess	
1	(10	No	(if yes, give wor or dates or se	None	9	Walter Smit	th,	Elkton	Md.	
			ATH [Enter only one cou	use per line far	r (a), (b), and (c).]	1 - 1			IN	ITERVAL BETWEEN
		PART I. DEA	ATH WAS CAUSED BY:	Me	Tranke	al failer			O	SET AND DEATH
		250	DUE TO	-	- /	100			7	21/2-1
		Conditions, if a	iny, which) (b)	10	enl &1	stula			3	month
		gove rise to i cause (o), stating		(1)	1	1111				51/ 1
		lying couse lost.	(c)	Xup	titus / 07	flendente				3/2minu
n	NO	PART II. OTI	HER SIGNIFICANT CON	ITIONS CONT	RIBUTING TO DEATH	BUT NOT RELATED TO TH	ETERMINAL DISEAS	E CONDITION GIV	EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
0	CATION	(lus	ne an	threte	> nie	etelpt				YES NO
	III.	20a. ACCIDENT W	AS UNDERLYING CAUSE OF DEATH	20b. DESCRIBE	HOW INJURY OCCL	IRRED. Unter noture of in	jury in Port I ar Par	t II of item 18.)		
	CERT	(IF EITHER, NOTIFY	MEDICAL EXAMINER)							
	CAL	20c. TIME OF INJUI	RY Month, Doy, Yeo			PLACE OF INJURY (Hor foctory, street, office bl	ne, form, 20f. (City	or town)	(Count	y) (Stote
	MEDI	Hour o.m.	19	While at work	Not while at work	roctory, street, office bi	ag., erc.)			
		21. I certify	a t anended the	deceased f	rom Missie	9 10.01	a Dept	26 10/al	that I last so	w the deceased
		alive as	120	1000	1	eath accurred at	15			
		dive di Zin			Pana mar de	am accorred at		trie causes an		te stated above
	И,	ACTUAL	11.	Alex	いつう		Ohose	herbe	CLI	94
		SIGNATURE	y long	1000		M.D		1	7	1/10/
			11	ViD #	WLS					, /4
		PHYSICIAN'S NAME (Type)	TENKY	1						
	220	NAME (Type) - BURIAL, CREMATIC		240	NAME OF CEMETER			TION (City, town,		(State)
9		NAME (Type)		240		ey or crematory		Ilon (City, town, Ce		(State) Md.
3]	BURIAL, CREMATIC REMOVAL (Specify)	Sept.29,1	240		emetery		RAR 24b. REGIS		Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

the transfer of the supplier of the action of the (De la los majorità propina de la company d The Brand bad bires п (Lad Janes Constant Designation And Land

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HFALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) e. COUNTY a. STATE b. COUNTY Cecili MARYLAND Del New Castle b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write Your write RURAL end give nearest town) to d. STREET ADDRESS Chesapeake City d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Boa e. IS RESIDENCE ON A FARM? 600 Vandeder Ave. State YES NO 3. NAME OF First Middle 4. DATE Last Month DECEASED OF (Type or print) DEATH 1960 Elizabeth 8. DATE OF BIRTH with 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. ast birthdey) Months Days Hours 2, an of 2 hour WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY I 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Give Pages 1, 2 29 done during most of working life, even if retired) Housewife Poland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME no information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? no information 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or detes of service) with Diane Tor, 600 Vandeder Ave. Wilmington. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] "in pencil in It Office along ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Drowned IMMEDIATE CAUSE (a) DUE TO Conditions, if env, which (b) gave rise to immediate cause d "pending" Examiner's DUE TO (a), stating the underlying cause lest. pesn PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19, WAS AUTOPSY PERFORMED? 99 NO X 0 CERTIFI 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.) PRIMAR OF OF CONTRIBUTING CAUSE OF DEATH. the Chief I the Chief I Power boat hit by a Tanker in Vane Ches. &Del. WEDICAL 20c. TIME OF INJURY Month, Dev. Yeer (State) factory, street, office bldg., etc.) Not While at work at work Del. and Ches. Call Chesapeake City Cecil Md. execute the certificate, OR: 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection Inquiry 0 and in my opinion DIRECT death resulted from: Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER should be forwar FUNERAL DIR designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** R.C. Dodson NAME (Type) Address (Street, city, town, or county) 22a. BURIAL, CREMATION, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify) 400 0 PONERAL DIRECTOR **ADDRESS** 248. REC'D BY REGISTRAR | 246 REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59 arthur & thous

MARYLAND STATE DEPARTMENT OF HEALTH

5-000 .1. по. — 1 Г adia and a contraction , era endelmov coc 21 1-31-3 el krasnah time for, 600 Vanser Ave. Minderson, 121. . Lote . word Lanel give come a vid win dood sman 1 9 15 50 mark the state of the companies 1.) 0 . . .

4 3	12		ARYLAND CA
FOR STAT	E	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	10101
HEALTH DE	य्.।	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Res	dence before edmissio
S B SEN		e. COUNTY C E C / L MARYLAND E. STATE DEL B. COUNTY N. C	USTLE
P. P.	1/	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end g	ive nearest town)
of cto		write RURAL and give nearest town)	464-3
ire ard y		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS	I S RESIDENCE
2 8			ON A FARM
un ine	,	3. NAME OF First Middle Last 4. DATE Month	YES NO
he he fees		DECEASED	Dey Yeer
1 0 0 to	10	(Type or print) JOSEPH A. TOR DEATH SEPT	18, 1960
leat with		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YE Jest birthdey) Months De	
and and 2		MALE WHITE WIDOWED DIVORCED Nov. 11, 19/2 47 yrs.	Tiouis Mill.
aft and 2 h		10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZE	N OF WHAT COUNTR
Page 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1		STORE SALES YENNY	SA
Page 43.		13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
PA PA		No INFO	
TE OF LEE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. pr unkown) (Ifyesgivewerordetesofservice)	
DESE S	1	NO MRS. JAMES PICCIOTTI KIL	M. DEL
e Te Marie		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN
ong	1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DROWNING	ONSET AND DEATH
be e alle e l-tra	30	50 V DUE TO	
uld office uria	V	Conditions, if eny, which (b)	
short short	-	geve rise to immediate ceuse	
din din		(a), stating the underlying cause lest.	
pen pen ami sed sed	- 1		19. WAS AUTOPS
EX de L		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1)	PERFORMED?
Woo Woo	0	☐ 2De. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Part I or Part II of item 18.)	YES NO
Med Wed	V	PRIMARY X or CONTRIBUTING	r n
NE GE			= 1
Chiticological de la company d	7	White New York I fectory, street, office bldg., etc.)	
KA e, v e, r e, P	1	8:50 9-18 19 60 et work of the et work of CANAL CHESAPEAKE	-1ty, Mg
Tio to g			and in my opinion
ent, out		death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner	
DIO		CHIEF MEDICAL EXAMINER	
THE POPULATION OF THE POPULATI)	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
San San		DEPUTY MEDICAL EXAMINER CONT	20,1960
HE HE		NAME (Type) R.C. DODSON Address (Street, city, town, or county)	25//00
DEPU sase ex should FUNE its des		22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country)	(Stete)
09409		BURIAL 19-24-60 ALL SAINTS WILM, DEL,	PIEZZELE L
VS. A15ME		23. FUNERAL DIRECTOR ADDRESS EL 41076, 248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN	IATURE
5M 7/59		PIPPIN FUNCAGE HOME Somalds De Md DARFP 26'60 arily 8 Know	A.
	1		

MARYLAND STATE DEPARTMENT OF HEALTH

HIARD TO STADISHES CHRIMANS ACCIONS M 11/10011111 X CHUISER HIT BY OIL TANKER 3:10 918 60 E A CARING CHESTREAME CITY ME. LECENDER DELENSER YALES TO LEE YOU X TO BE THE PRINCES IN A PROPERTY OF

10207

CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY	Cecil		MARYLA		o. STATE Mary		b. COUNTY	on: Residence	e before a	dmission)
	f outside corporate lim	its, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If		prote limits, write R	URAL ond g	ive nearest	town)
RURAL and give ne	y Point		9 days		Aberd	leen		12	31,	2
d. NAME OF HOSPIT	AL (If not in hospital, g	give street			d. STREET ADDRESS				e. 19	RESIDENCE
Veterans	Administra	tion	Hospital		36 Mon	roe				S NO
3. NAME OF DECEASED (Type or print)	T A	CK .	JOHN (NOTE)	w 6	WILLIS	4. DATE OF DEATH	Septe		Day 18	Yeor 19 60
S. SEX		, ,		-	DATE OF BIRTH	J. J. L.	9. AGE (In years			JNDER 24 HRS.
Male	Negro	WIDOW	RIED NEVER MARRIED ED DIVORCED [9-5-98		last birthdoy) 62 yrs.		-	ours Min.
10a. USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLACE (State	e or fareign o	country)	12. CITIZ	EN OF WH	IAT COUNTRY?
Farmer		'	Farming		Virgini	ia		U	SA	
13. FATHER'S NAME					14. MOTHER'S MAIDEN					
9	Chomas Wil	lis(deceased)		Josephine	Morr	is			
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.		17. INFC			Add	ress Abe	rdee	n, Md.
Yes, no, or unknown]	(If yes, give war or dotes of s	5	77-12-4554	Mr	s. Elsie Ar	mes, s	ister, 3			Street
18. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (a), (b), and (c).]							L BETWEEN
PART I. DEA	TH WAS CAUSED BY:	. A117	icular Fib	ri 11	ation (Cli	nical)			known
11/12	DUE TO		Toures III		001011 (021					
Conditions, if or	A		ertensive	o o má	iorogonlan	dian	0.00		1770	known
gave rise to in	mmediote (ertensive (c arru	TOVASCULAT	ulbes	186		LAIS	KHOWII
cause (o), sloling										1
lying couse lost.			tral vascu				C COMPITION OF	(FA 1 N 1 D 4 D 7		known
PART II. OIF			CONTRIBUTING TO DEATH			MINAL DISEA:	SE CONDITION GIV	EN IN PAKI	P	ERFORMED?
PART II. OTH			CRIBE HOW INJURY OCC			n Port I or Po	rt II of item 18.)			
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	While	NJURY OCCURRED Not while k of work		E OF INJURY (Home, far ry, street, office bldg., e		y or town)	(C	ounty)	(Stote)
21. I certify tha	talk (this hospita	l) attend	ded the deceased fr	anse	tember 9. 1	260 i.tos	eptember	-189-6	O thet	Hackendad
			cacacal and the							
220. SIGNATURE	<u> </u>									22b. DATE SIGNED
	a.r. w	Wo	ney_	M.	D. PHYS.	MED. DIRECTOR	STAFF PHYS.		9_	19-60
22c. PHYSICIAN'S NAME (Type)	A T MOO	NEY.	Asst. Clini	cal	22d. ADDRESS	at.V.A	Bosnita	l.Per		
23a. BURIAL, CREMATIO REMOVAL (Specify)	N, 23b. DATE THERE	OF .	23c NAME OF CEMETE Union Mc Swan C			t 23d 1064	TION (Gty, town, to endee, n	or county)		(Stote)
24 FUNERAL DIRECTOR	S/SGNATURE?		cinquesuner	400		C'D BY REGIS		STRAR'S SIC	-	
HenryxRa	KKING KOS	ōm,	Aberdeen, l	Md.	DATECT	2 2 '60	arth	-1 8. H	ined	

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and the State Board af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death. TO HOSPITAL VR A1S (4) 1SM 9/S9

ATTENDING PHYSICIAN: The law requires that the death certificate be

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MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
0103	CEDTIEICATE	○ E	DEATH	

CERTIFICATE OF DEATH

10183

Reg. Dist. No.

A	n. PLACE OF DEATH o. COUNTY Cecil	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Md.	ere deceased lived. If institution b. COUNTY	on: Residence befare admission) Cecil
7	b. CITY OR TOWN (If outside corporate limit RURAL and give nearest town) Elkton	s, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside corporate limits, write R	
5	d. NAME OF HOSPITAL (If not in hospital, gi OR INSTITUTION Union Hospital		d. STREET ADDRESS	ghad and a de de	e. IS RESIDENC ON A FARM YES NO
	3. NAME OF DECEASED (Type or print) BERTHA		Lost	4. DATE Mon	11 Day Year
	s. sex 6. COLOR OR RACE White	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH Oct. 1, 18	9. AGE (In years last bythdoy) 78 yrs.	IF UNDER 1 YEAR IF UNDER 24 H Months Days Hours Min
	10a. USUAL OCCUPATION (Give kind of work of during most of warking life, even if refired) Housewife 13. FATHER'S NAME Emanuel Major	at home	II. BIRTHPLACE (Stote Elkton 14. MOTHER'S MAIDEN N Emma lir	Md	12. CITIZEN OF WHAT COUNT
I	S WAS DECEASED EVER IN U. S. ARMED FOR (Ye. no. or unknown) (If yes, give war or dates of se		INFORMANT	Add	D. Elkton, Md
	CATIC	A COURT HEALT BUTTONS CONTRIBUTING TO DEATH BUTTONS CONTRIBUTING TO DEATH BUTTONS COCURRED TO THE PROPERTY OF			ONSET AND DEAT
	<u> </u>	r 20d. INJURY OCCURRED 20e. Pl	ACE OF INJURY (Hame, form clory, street, office bldg., etc.	, 20f. (City ar tawn)	(County) (Sh
1	21. I certify that I attended the alive an		1/-//	////	that I last saw the deceard an the date stated about the part of the state of the s
	220. BURIAL, CREMATION, REMOVAL (Specify) Burial 9-14-60	The state of the s	or CREMATORY eterv	22d. LOCATION (City, town,	or county) (State)
1	3. FUNERAL DIRECTOR'S SIGNATURE PIPPIN FUNERAL HOMI	ADDRESS	24a. REC'		STRAR'S SIGNATURE

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